

MDR Tracking Number: M5-05-0956-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 11-23-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The prescriptions Mobic, Hydro/Apap and Zanaflex from 12-9-03 through 1-27-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c); in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 12-9-03 through 1-27-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 28th day of December 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-0956-01
Name of Patient:	
Name of URA/Payer:	EZ Rx Pharmacy #1
Name of Provider:	EZ Rx Pharmacy #1
(ER, Hospital, or Other Facility)	
Name of Physician:	Morris H. Lampert, MD
(Treating or Requesting)	

December 22, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

Information submitted for review included an EOB, records from Dr. Lampert, Dr Hirsch, and Dr. Burdin.

Date of original injury was _____. Patient was on multiple medications and surgery was planned for 11/19/04 to remove Harrington rods because of persistent pain.

REQUESTED SERVICE(S)

Mobic, Zanaflex, Hydrocodone/APAP on 12/9/03 through 1/27/04.

DECISION

Approve requested medications for dates indicated.

RATIONALE/BASIS FOR DECISION

This patient has had a complicated course from her original injury. Conservative therapy has been exhausted including a chronic pain management program. In fact, surgery to remove her Harrington rods was planned on 11/19/04, so there is concurrence with her three treating physicians that discontinuing her medications pre-operatively

and perioperatively would not be prudent or standard of care for this patient at this time of her treatment. The medications, dosages, and quantity are justifiable and should be approved for the dates requested.

Additional records dating back to the date of injury in 1996 were received and reviewed. This documentation further supports the approval of the requested medications as noted in the above rationale.